					SION OF HEALTH - STANDARD CERTIFICATE OF DEATH  WHITE BETTER 18 1003 54920434TE FILE NUMBER	
DO NOT WRITE		AMEN:		_	Registration District No. = 6432 U 4 354TE FILE NUMBER	
ON THIS STUB				_  =	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Reside	ence before
VS 300	Ω	134%	H'M	1	1	lmission)
Rev. 4/59	ğ	10.	9 9	1-		ide Limits
_	AMENDED		7 6		00120425	№ No 🗆
<u> </u>	Ē.	1,1	8 18	-	HOSPITAL OP	de on Farm
2 22	<b>6</b> 5	13.	99	1_	institution 1122 Angelrodt Ave. Yest No 1122 Angelrode Ave.	□ No 🛣
3		$\vdash$	+-	1-	3. NAME OF DECEASED And Middle Last 4. DATE Month Day	Year
	<b>Z</b>		.	1	(Type or print) MINNIE MABEL BRUMMET DEATH June 4th 1964	
4 /		3	1, 6		5. SEX 10. COLON ON MACE 17. Mainted 11 10. DOIL OF BIRTH	JNDER 24 HE
5 2		13	3 3		Temate   Wille   William   7/17/1889   74	
-	S	14,	10	•	10a. USUAL OCCUPATION (Give kind of work done of the life of work done of the life of working life, even if retired)  James Kearney Corp. Pana Illinois  11 S. A	COUNTRY
	<b>§</b>	1/4	424	1-	38. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	
7 /	FOLLOWS	5	13		Thomas Oakley Fred Brummet(Decease	(h
8 7	AS F	1.	44	7		<del>y-</del> /
9		3)	33	(	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, Nounknown) (If yes, give war or dates of security No. LaVon James 1122 Angelica Angelica.	
10	ARE	3	<b>表</b> 發	<b>J</b> -	PART I DEATH WAS CAUSED BY ONSET A	AL BETWEEN
	CORD D OF	130	3(3)		IMMEDIATE CAUSE (a) Whisiosclerotic heart disease I w	ulis.
11	000	3	7/2	3		
12 Q0-0	HIS REC	3	3 73 5	Š 📗	Conditions, if any, which gave rise to	
13	SE SE	3:		1	above cause (a), stating the under-	
	z			_	lying cause last. DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was	
90	ō		11.	CATION	disease condition given in PART I (a)	female wa last 90 day
70	ZZ			2 ₹	☐ Yes ☐ NO	Unknow
	AMENDMENT			GER A	19. WAS AUTOPSY   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of ite PERFORMED? YES   NO 172	m 18.)
		4	3/3	ù ĕ	YES NO D  20c. TIME OF Hour Month, Day, Year	
C INK RIBBON	₹	4.	33	FOIC	INJURY a.m. p.m.	
BLACK INK OR RITER RIBBC		3,	tole	2 ₹	20d IN HIRY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY	STATE
ַ ≥		3	4.2	Ž	WHILE AT WORK ☐ farm, factory, street, office bldg., etc.)  NOT WHILE AT WORK ☐	
AC ER	READ	13.	4 7		21. I attended the deceased from 5/25/64, to 6/4/64 and last saw her alive on 6/2/64	
BL RI		A	1/4	ł	Death occurred at	stated.
USE PEW	INC	3	1 7 "			DATESIGNE
USE BLAC OR TYPEWRITER	SHOULD	13.	7 35	2	Toposton R. Jamin M. W. 7/24 Mohural Bridge! 6.	5/44
<b>-</b>	-	++	7-43	2	3a. BURIAL, CREMATION, 23b. DATE 22c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town) or county)	Stage
	ON.		7/15		Removal June 6 1964 Witt Cemetery Witt I Winois	
	€M	3	4:75	•	4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRATUSE	
	Ξ	^	á	ل ا	IOHN STYGAR & SON — 5541 RIVERVIEW BLVD. JUN 5 1964 COOK MAY All MA	<i>y</i> 1

(Licensed Embalmer's Statement on Reverse Side)

Hist Mar Bridge

## STATEMENT BY LICENSED EMBALMER

	, Student Embalmer No
under my personal supervision.	
	Signed Marketter
Signature of Student Embalmer	3008
•	P. O. Address A Ouis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.